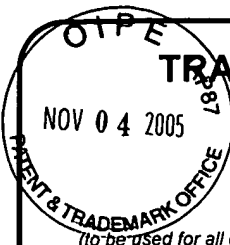
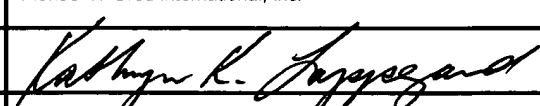
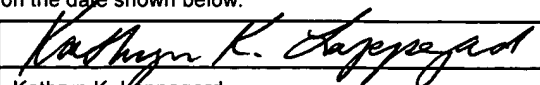


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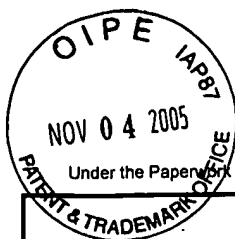
| | | | |
|---|----------------------|------------------------|--------|
|  | Application Number | 09/718,754 | |
| | Filing Date | 11/22/2000 | |
| | First Named Inventor | Kathryn K. Lappegard | |
| | Art Unit | 1638 | |
| | Examiner Name | Baum, Stuart F. | |
| Total Number of Pages in This Submission | 15 | Attorney Docket Number | 1189EE |

| ENCLOSURES (check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Declaration of Shane E. Abbitt Under 37 CFR 1.132 |
| <div style="border: 1px solid black; padding: 5px;">Remarks</div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--|----------|--------|
| Firm | Pioneer Hi-Bred International, Inc. | | |
| Signature |  | | |
| Printed Name | Kathryn K. Lappegard | | |
| Date | November 2, 2005 | Reg. No. | 46,857 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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